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1. PLACE OF BIRTH BUREAU OF VI	BOARD OF HEALTH State File No. 22 FIGURE OF BIRTH Registered No. 22 Registered No. 22
County / V	State Arisona
District or Township	
Midani	
	urred in a hospital or institution, give its NAME instead of street and nu
2. Full name of child WYUAS LS CAVEA	If child is not yet named, supplemental report, as dire
3. Sex of Child To be answered ONLY 4. Twin, triplet or other in event of plural 5. No., in order of birth.	7. Date of hirth// 9/V. 30 - / 9
Full name alraw & colldo	14. MOTHER Sull maider name Suisa. Sandova
9. Residence (Usual place of abode) Miami	15. Residence (Usual place of abode) Mani,
If non-resident, give place and state.	If non-resident, give place and state. Myou
10. Color or race 11. Age at last birthday 3 [(Years)	16. Color or race My. 17. Age at last birthday 37 (3)
12. Birthplace (city or place)	18. Birthplace (city or place) Durange Music (State or country)
13. Occupation	19. Occupation
Nature of Industry Munica	Nature of Industry
20. Number of children of this mother (a) Born alive ar	
Taken as of time of birth of child he ein (b) Born alive but the critified and including this child.)	it now dead
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*, 30	
I hereby certify that I attended the birth of this child, who was the date above star (Born, alive or stillborn)	
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	il M. Corow M. W.
Given name added from 156-330-30 Address M	Lami, Willowg-
Month, day, year	Mary 32 Mary
Registrar Filed /	Registrar

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